

**RECEIVED**

**State of Ohio**  
**Office of Housing and Community Partnerships**  
**Request for Payment and Status of Funds Report**

NOV 02 2015

OCD

## **Section One: Request for Payment**

|   |   |  |
|---|---|--|
| Submit to:<br>Ohio Development Services Agency<br>Office of Community Development<br>P.O. Box 1001<br>Columbus, Ohio 43216-1001 | Name and Address of Grantee:<br>Coleman Professional Services<br>5982 Rhodes Road<br>Kent, Ohio 44240 |  |
| Contact Person/Telephone Number:<br>Mary Dague, 330-676-8036  | Community/Nonprofit #<br>7GJ  | <b>State Use Only</b><br>Date: 11-13-15      |
| FTI Number:<br>[REDACTED]   | Draw Number:<br>66  | Voucher #: 0297M S3<br>Warrant #: 1230599618 |

## **Section Two: Itemization of Expenditures**

\* NOTE: From the Attachment A of the Grant Agreement

**Section Three: Certification of Itemization of Expenditures: Two Authorized Signatures Are Required**

I certify that this Request for Payment was drawn in accordance with the terms and conditions of the Grant Agreement(s) cited and that the amount drawn is proper for payment to the drawer's depository. I also certify that the data reported above is correct and that the amount of the Request for Payment is not in excess of current needs.

|                |  |                           |
|----------------|--|---------------------------|
| Date: 10/28/15 | Signature         | Title Billing Supervisor  |
| Date: 10/28/15 | Countersignature  | Title Billing Coordinator |

State Use Only

Approved: CGR Date: 11/14

DS5 (Rev. 6/04) DEV0072

**DEVELOPMENT SERVICES AGENCY  
CODING TRAVELER**

| VOUCHER NO.   |      | INVOICE NUMBER |        |           | LAST RECEIPT DATE |                   |                  | Prepared by:   |             |           |            |
|---|------|----------------|--------|-----------|-------------------|-------------------|------------------|----------------|-------------|-----------|------------|
|   |      | HCPN00667GJ    |        |           | 11/02/2015        |                   |                  |                |             |           |            |
|   |      |                |        |           | OAKS VENDOR NO.   |                   |                  |                |             |           |            |
| COLEMAN PROFESSIONAL SERV<br>5982 Rhodes Road<br>Kent OH 44240- |      |                |        |           | 0000053123        |                   |                  |                |             |           |            |
|   |      |                |        |           | ADD CODE          |                   |                  | TOTAL AMOUNT   |             |           |            |
|   |      |                |        |           | 02 - Check        |                   |                  | + \$162,500.00 |             |           |            |
| LN#   | FUND | ACCOUNT        | ALI    | DEPT #    | PROGRAM           | GRANT/PROJ        | SERVICE LOCATION | REPTING        | PROJECT     | CROSS REF | BUDGET REF |
| 01  | 6460 | 550054         | 195638 | DEV201100 | 4052C             |                   | C0067            | DEVLHC1        |             |           |            |
| PURCHASE ORDER NO.  |      |                |        |           | Line No           | S-L-14-7GJ-2 2015 |                  |                | LINE AMOUNT |           |            |
| 0000023971  |      |                |        |           | 01-1-1            |                   |                  |                |             |           |            |
| LN#   | FUND | ACCOUNT        | ALI    | DEPT #    | PROGRAM           | GRANT/PROJ        | SERVICE LOCATION | REPTING        | PROJECT     | CROSS REF | BUDGET REF |
| 02  |      |                |        |           |                   |                   |                  |                |             |           |            |
| PURCHASE ORDER NO.  |      |                |        |           | Line No           |                   |                  |                | LINE AMOUNT |           |            |
|   |      |                |        |           |                   |                   |                  |                |             |           |            |
| LN#   | FUND | ACCOUNT        | ALI    | DEPT #    | PROGRAM           | GRANT/PROJ        | SERVICE LOCATION | REPTING        | PROJECT     | CROSS REF | BUDGET REF |
| 03  |      |                |        |           |                   |                   |                  |                |             |           |            |
| PURCHASE ORDER NO.  |      |                |        |           | Line No           |                   |                  |                | LINE AMOUNT |           |            |
|   |      |                |        |           |                   |                   |                  |                |             |           |            |
| LN#   | FUND | ACCOUNT        | ALI    | DEPT #    | PROGRAM           | GRANT/PROJ        | SERVICE LOCATION | REPTING        | PROJECT     | CROSS REF | BUDGET REF |
| 04  |      |                |        |           |                   |                   |                  |                |             |           |            |
| PURCHASE ORDER NO.  |      |                |        |           | Line No           |                   |                  |                | LINE AMOUNT |           |            |
|   |      |                |        |           |                   |                   |                  |                |             |           |            |
| LN#   | FUND | ACCOUNT        | ALI    | DEPT #    | PROGRAM           | GRANT/PROJ        | SERVICE LOCATION | REPTING        | PROJECT     | CROSS REF | BUDGET REF |
| 05  |      |                |        |           |                   |                   |                  |                |             |           |            |
| PURCHASE ORDER NO.  |      |                |        |           | Line No           |                   |                  |                | LINE AMOUNT |           |            |
|   |      |                |        |           |                   |                   |                  |                |             |           |            |
| LN#   | FUND | ACCOUNT        | ALI    | DEPT #    | PROGRAM           | GRANT/PROJ        | SERVICE LOCATION | REPTING        | PROJECT     | CROSS REF | BUDGET REF |
| 06  |      |                |        |           |                   |                   |                  |                |             |           |            |
| PURCHASE ORDER NO.  |      |                |        |           | Line No           |                   |                  |                | LINE AMOUNT |           |            |
|   |      |                |        |           |                   |                   |                  |                |             |           |            |

**PAYMENT HANDLING INSTRUCTIONS**

Return Warrant to Agency (If box is not checked warrant will be mailed centrally)

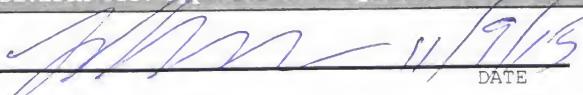
Payment Returns:  Net 30  Pay Now (If a selection is not made the payment terms will default to Net 30)

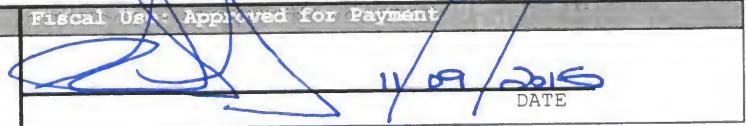
Remittance Narrative: (70 Characters) Grant#, Incoice #, Account #

S-L-14-7GJ-2

Division Use: Approved for Payment

Fiscal Use: Approved for Payment

  
DATE  
11/19/15

  
DATE  
11/19/2015

| Warrant Date:  | 11/13/2015 | Vendor Number:     | 0000053123      | Warrant No: 0030592353 |                   |  |
|----------------|------------|--------------------|-----------------|------------------------|-------------------|--|
| Invoice Number | Voucher ID | Gross Amount       | Discount Taken  | Late Charge            | Paid Amount       |  |
| HCPN00667GJ    | 00297453   | 162500.00          | 0.00            | 0.00                   | 162500.00         |  |
| HCPN00657GJ    | 00297413   | 20124.00           | 0.00            | 0.00                   | 20124.00          |  |
| <hr/>          |            |                    |                 |                        |                   |  |
| Warrant Number | Date       | Total Gross Amount | Total Discounts | Total Late Charges     | Total Paid Amount |  |
| 0030592353     | 11/13/2015 | \$182,624.00       | \$0.00          | \$0.00                 | \$182,624.00      |  |

REFURN2115001820010G



PLEASE TEAR AT PERFORATION BEFORE CASHING CHECK.

THIS IS ORIG WATERMARKED PAPER. DO NOT ACCEPT WITHOUT INSPECTING FOR WATERMARK. REFER TO REVERSE SIDE TO VERIFY ORIG WATERMARK.

Development Services Agency  
Budget & Finance  
77 S. High Street 27th Floor  
Columbus  
(614)466-5355

Date 11/13/2015 Fund 503 Warrant No. 0030592353

23 RA  
25 - 217 / 441

OH 43215-6130 182

Pay Amount \$182,624.00\*\*\*

Pay

\*\*\*\*ONE HUNDRED EIGHTY-TWO THOUSAND SIX HUNDRED TWENTY-FOUR AND 00/100 DOLLARS \*\*\*\*

VOID AFTER 90 DAYS

To The  
Order Of

COLEMAN PROFESSIONAL SERVICES INC

5982 RHODES RD  
KENT, OH 44240

Timothy S. Keen, Director  
Office of Budget Management

1018262400104400217415031511059235313231